

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

1 Name of organization

Iowa True Blue

Employer identification number

20 - 3124726

2 Mailing address (P.O. box or number, street, and room or suite number)

1407 41st Street

City or town, state, and ZIP code

Des Moines, IA 50309

3 Check applicable box:

☒ Initial notice

☐ Amended notice

☐ Final notice

4a Date established

07/11/2005

4b Date of material change

5 E-mail address of organization

no@email

6a Name of custodian of records

Gordon R Fischer

6b Custodian's address

1407 41st Street

Des Moines, IA 50309

7a Name of contact person

Gordon R Fischer

7b Contact person's address

1407 41st Street

Des Moines, IA 50309

8 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

1407 41st Street

City or town, state, and ZIP code

Des Moines, IA 50309

9a Election authority

NONE

9b Election authority identification number

Part II Notification of Claim of Exemption From Filing Certain Forms (see instructions)

10a Is this organization claiming exemption from filing Form 8872, Political Organization Report of Contributions and Expenditures, as a qualified state or local political organization? Yes ☐ No ☒

10b If 'Yes,' list the state where the organization files reports:

11 Is this organization claiming exemption from filing Form 990 (or 990-EZ), Return of Organization Exempt from Income Tax, as a caucus or associations of state or local officials? Yes ☐ No ☒

Part III Purpose

12 Describe the purpose of the organization

The purpose of Iowa True Blue is to educate Iowans about the political process and important issues.

Part IV **List of All Related Entities** (see instructions)

13 Check if the organization has no related entities.....✓

14a	Name of related entity	14b	Relationship	14c	Address
-----	------------------------	-----	--------------	-----	---------

Part V **List of All Officers, Directors, and Highly Compensated Employees** (see instructions)

15a	Name	15b	Title	15c	Address
-----	------	-----	-------	-----	---------

Gordon R Fischer	Chair	1407 41st Street Des Moines, IA 50309
------------------	-------	--

Gordon R Fischer	Chair	1407 41st Street Des Moines, IA 50309
------------------	-------	--

Under penalties of perjury, I declare that the organization named in Part I is to be treated as a tax-exempt organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the official authorized to sign this report, and I am signing by entering my name below.

Gordon R Fischer	07/11/2005
Name of authorized official	Date

Sign Here